



WELL REWORK RECORD

NAME AND ADDRESS OF PERMITTEE

NAME AND ADDRESS OF CONTRACTOR

LOCATE WELL AND OUTLINE UNIT ON
SECTION PLAT — 640 ACRES

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| S | | | | | | | | | |
| W | | | | | | | | | E |

STATE

COUNTY

PERMIT NUMBER

SURFACE LOCATION DESCRIPTION

¼ OF

¼ OF

¼ SECTION

TOWNSHIP

RANGE

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface

Location _____ ft. from (N/S) _____ Line of quarter section

and _____ ft. from (E/W) _____ Line of quarter section

WELL ACTIVITY

- ☐ Brine Disposal
☐ Enhanced Recovery
☐ Hydrocarbon Storage

Lease Name

Total Depth Before Rework

Total Depth After Rework

Date Rework Commenced

Date Rework Completed

TYPE OF PERMIT

☐ Individual

☐ Area

Number of Wells _____

Well Number

WELL CASING RECORD — BEFORE REWORK

| Casing | | Cement | | Perforations | | Acid or Fracture Treatment Record |
|--------|-------|--------|------|--------------|----|--------------------------------------|
| Size | Depth | Sacks | Type | From | To | |
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WELL CASING RECORD — AFTER REWORK (Indicate Additions and Changes Only)

| Casing | | Cement | | Perforations | | Acid or Fracture Treatment Record |
|--------|-------|--------|------|--------------|----|--------------------------------------|
| Size | Depth | Sacks | Type | From | To | |
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DESCRIBE REWORK OPERATIONS IN DETAIL
USE ADDITIONAL SHEETS IF NECESSARY

WIRE LINE LOGS, LIST EACH TYPE

Log Types

Logged Intervals

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

NAME AND OFFICIAL TITLE (Please type or print)

SIGNATURE

DATE SIGNED